					U. S. Pate	Appro nt and Tradem	ved for use that as Office; U.S.	ough 10 DEPA	V31/2002. O	SB/06 (0B-00 MB 0651-0012 COMMERCI
Under the Processork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application of Docket Number										
PATENT APPLICATION FEE DETERMINATION RECORD										
100,2375										
CLAIMS AS FILED - PART i (Column 1) (Column 1)						SMALL	ENTITY	OR	OTHER T	
FOR NUMBER						RATE	FEE	1	RATE	FEE
			5.7					·		
	SIC FEE CFR 14(4))						s	OR		5741.1°
TOT	AL CLAIMS CFR 1.14(c)		7 minus 20 =		• 37		,	OR	x \$ /20 =	66612
IND	EPENDENT CL	VIMS :	/ migras 3 = *		• 🐤			OR	x SILL	
		DENT CLAIM PRI	LAIM PRESENT (FOR LING)			+ =	1	OR	+ =	
e If the difference in column I is less than zero, enter "0" in column I										
THE GIRTON IS AND										
CLAIMS AS AMENDED - PART II (Column 3) (Column 3)							ENTITY	OR	SMALL E	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• (02	Minus	PAID FOR	-5	x \$ =		OR	x 5/8 =	90
	(07 CFR 1.16(c)) Independent	• 10	Minus	••• / •	<u>- D</u>	 ' -	 	OR	-	2111
	(37 CFR 1.14(b))	10	14411102	Y	7	<u>*</u> *	-	OR	×86=	1947
	FIRST PRES	ENTATION OF M	ULTIPLE DEI	PENDENT CLAIM	(37 CFR 1.18(d))	ـــــا ا	-	OR	+	
(Column 1) (Column 2) (Column 3)						TOTAL ADDIT. FEE		OR	TOTAL DDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1,14(c))	•	Minus	••	=	x s=		OR	x S=	
	ladependent	•	Minus	***	=	x		OR OR	x=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT			PENDENT CLAIM	07 CFR 8.14400			OR	+=	
(Column 1) (Column 2) (Column 3)						TOTAL ADDIT. FEE		OR	TOTAL DDIT. FEE	
			a)			1		1		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.14(c))	•	Minus	••	=	x \$=		OR	x \$=	
	Independent (37 CFR 1.16(b))	•	Minus	•••	=	x		OR OR	x=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CTR 1.144)					1		OR	+=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".										

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 30, enter "20".

*** The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Officer, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patenta, Washington, DC 20231.